



J.F.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/581,700	
	Filing Date	06/06/2006	
	First Named Inventor	Acors, Ronnie B.	
	Art Unit	1793	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	3	Attorney Docket Number	Acors

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="text"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Petition to make special based on applicant's age, including a copy of Applicant's Virginia birth certificate.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Eugene H. Eickholt		
Signature			
Printed name	Eugene H. Eickholt		
Date	July 10, 2008	Reg. No.	25,855

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Eugene H. Eickholt	Date	July 10, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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BEFORE THE UNITED STATES PATENT & TRADEMARK OFFICE

United States Application No: 10/581,700
Title: Belt Welding Apparatus and Method
Applicant: Ronnie B. Acors
Filed: 06 June 2006

PETITION TO MAKE SPECIAL

Applicant respectfully petitions the Commissioner to advance the examination of the above identified application for letters patent. Applicant was born on September 29, 1942, and is therefore above the age of 65.

The undersigned declares that he has examined the Virginia Certificate of Birth of Ronnie Acors, and verified applicant's birth date. A copy is attached.

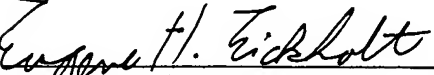
Thank you,


Eugene H. Eickholt Reg. No. 25855
Attorney for Applicant

July 10, 2008

The undersigned declares that the attached response has been deposited with the United States Postal Service as first class mail, with sufficient postage affixed, addressed to

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450


Eugene H. Eickholt Reg. No. 25855

July 10, 2008

CERTIFICATION OF VITAL RECORD
COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

CERTIFICATE OF BIRTH COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		39759 Registered No. 381
Department of Commerce Bureau of the Census		
1. PLACE OF BIRTH (a) County <u>Spotsylvania</u> Registration District No. <u>2880</u> (b) Magisterial District _____ (c) City or town <u>Fredericksburg</u> (d) Name of hospital or institution <u>May Washington</u> (e) Is place of birth within corporate limits? <u>yes</u>		2. USUAL RESIDENCE OF MOTHER (a) State <u>Virginia</u> (b) County <u>Spotsylvania</u> (c) City or town _____ (d) Street no. _____ (e) Is place of residence within corporate limits? <u>No</u>
3. Full name of child <u>Ronnie Bruce Acors</u> If child is not yet named, leave blank.		
4. Sex <u>Boy</u> Write word	5. Twin or Triplet _____ If so, born 1st, 2nd, or 3rd _____	6. Month of pregnancy <u>9</u>
FATHER OF CHILD 1. Full name <u>Robert Bruce Acors</u> 2. Color or race <u>White</u> 11. Age at time of this birth <u>28</u> yrs. 3. Birthplace <u>Spotsylvania Va.</u> City, town, or county State or foreign country 4. Usual occupation <u>Machine Operator</u> 5. Industry or business <u>Sylvania Plant</u>		MOTHER OF CHILD 15. Full maiden name <u>Martha Rozelle</u> 16. Color or race <u>White</u> 17. Age at time of this birth <u>24</u> yrs. 18. Birthplace <u>Wise Va.</u> City, town, or county State, or foreign country 19. Usual occupation <u>Housewife</u> 20. Industry or business <u>at home</u> 22. Mother's mailing address for registration notice: <u>Mrs Robert B. Acors</u> <u>Marble, Va.</u>
7. Is mother married to father of child? <u>yes</u>		8. Date of birth <u>Sept. 29</u> 19 <u>42</u> Month by name, Day, Year
9. When born to this mother: (a) How many other children of this mother are now living? <u>1</u> (b) How many other children were born alive but are now dead? <u>0</u> (c) How many children were born dead? <u>0</u>		
10. I certify that I attended the birth of this child who was <u>born alive</u> at the hour of <u>7:43 A.</u> M., on the date above. 11. and that the information given was furnished by <u>Mrs. Martha Acors</u> relative of this child as <u>Mother</u> 12. Do you use? <u>yes</u> 13. Additional information added _____ 14. 10-3-19 <u>42</u> <u>Mrs. F. G. McCally</u> Own signature of registrar, deputy or sub. 15. by reg. _____		
Attendant's own signature <u>E. R. Ware</u> Physician, Midwife, or other _____ Date signed <u>9-29-42</u> Address _____ Witness to signature _____ When signed by mark _____		

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

DATE ISSUED

SEP 10 1937

Russell E. Booker, Jr.
 Russell E. Booker, Jr., State Registrar

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